

*Landscape of Plan
Options in
South Dakota
2007*

Medicare_{Rx}
Prescription Drug Coverage

Medicare Advantage Cost Plans and Demonstrations

1-800-MEDICARE
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South Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Aurora	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Aurora	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Aurora	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Aurora	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Aurora	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Aurora	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Aurora	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Aurora	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Aurora	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Aurora	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Aurora	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Aurora	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Beadle	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Beadle	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Beadle	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Beadle	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Beadle	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Beadle	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Beadle	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Beadle	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Beadle	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Beadle	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Beadle	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Beadle	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Beadle	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Beadle	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Beadle	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Beadle	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Beadle	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Bennett	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Bennett	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Bennett	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Bennett	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Bennett	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Bennett	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Bennett	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Bennett	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Bennett	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Bennett	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Bennett	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Bennett	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Bennett	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Bennett	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Bennett	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Bennett	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Bon Homme	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Bon Homme	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Bon Homme	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Bon Homme	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Bon Homme	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Bon Homme	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Bon Homme	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Bon Homme	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Bon Homme	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Brookings	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Brookings	Advantra® Freedom	Freedom 5 (H5227-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced	Generics	•
Brookings	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Brookings	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Brookings	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Brookings	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Brookings	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Brookings	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Brookings	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Brookings	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Brookings	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Brookings	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Brookings	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Rx Plan 55 (H5435-014)	PFFS	\$10.30	\$10.30	\$265	Basic		
Brookings	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Brookings	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Brookings	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Brookings	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Brookings	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Brookings	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Brookings	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Brookings	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Brookings	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Brookings	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Brookings	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Brown	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Brown	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Brown	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Brown	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Brown	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•

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Brown	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Brown	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Brown	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Brown	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Brown	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Brown	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Brown	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Brown	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Brown	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Brown	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Brule	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Brule	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Brule	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Brule	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Brule	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Brule	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Brule	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Brule	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Brule	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Brule	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Brule	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Brule	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Brule	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Brule	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Brule	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Brule	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Buffalo	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Buffalo	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Buffalo	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Buffalo	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Buffalo	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Buffalo	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Buffalo	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Buffalo	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Buffalo	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Butte	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Butte	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Butte	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Butte	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•

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Butte	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Butte	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Butte	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Butte	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Butte	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Butte	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Butte	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Butte	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Butte	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Butte	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
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Butte	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
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Campbell	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Campbell	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Campbell	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Campbell	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Campbell	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
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Charles Mix	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Charles Mix	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Charles Mix	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Charles Mix	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Clark	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					

South Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Clark	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Clark	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Clark	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Clark	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Clark	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Clark	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Clark	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Clark	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Clark	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Clark	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Clark	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Clark	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Clark	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Clark	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Clark	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Clark	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Clay	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Clay	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Clay	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Clay	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Clay	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Clay	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Clay	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Clay	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Clay	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Clay	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Clay	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Clay	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Codington	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Codington	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Codington	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Codington	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Codington	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Codington	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Codington	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Codington	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Codington	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Codington	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Codington	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Codington	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Codington	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Codington	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•

South Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Codington	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Codington	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Codington	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Corson	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Corson	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Corson	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Corson	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Corson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Corson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Corson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Corson	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Corson	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Corson	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Corson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Corson	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Corson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Corson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Corson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Corson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Custer	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Custer	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Custer	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Custer	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Custer	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Custer	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Custer	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Custer	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Custer	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Custer	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Custer	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Custer	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Custer	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Custer	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Custer	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Custer	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Davison	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Davison	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Davison	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Davison	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Davison	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Davison	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Davison	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Davison	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Davison	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Davison	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Davison	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Davison	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Day	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Day	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Day	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Day	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Day	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Day	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Day	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Day	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Day	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Day	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Day	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Day	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Day	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Day	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Day	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Day	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Deuel	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Deuel	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Deuel	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Deuel	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Deuel	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Deuel	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Deuel	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Deuel	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Deuel	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Deuel	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Deuel	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Deuel	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Deuel	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Deuel	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Deuel	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Dewey	Avantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Dewey	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Dewey	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Dewey	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Dewey	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Dewey	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Dewey	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Dewey	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Dewey	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Dewey	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Dewey	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Douglas	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Douglas	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Douglas	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Douglas	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Douglas	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Douglas	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Douglas	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Douglas	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Douglas	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Douglas	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Edmunds	Avantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Edmunds	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Edmunds	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Edmunds	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Edmunds	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Edmunds	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Edmunds	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Edmunds	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Edmunds	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Edmunds	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Edmunds	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Edmunds	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Fall River	Avantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Fall River	Avantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Fall River	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Fall River	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Fall River	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Fall River	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					

South Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Fall River	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Fall River	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Fall River	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Fall River	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Fall River	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Fall River	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Fall River	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Fall River	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Fall River	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Fall River	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Faulk	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Faulk	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Faulk	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Faulk	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Faulk	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Faulk	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Faulk	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Faulk	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Faulk	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Faulk	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Faulk	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Grant	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Grant	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Grant	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Grant	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Grant	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Grant	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Grant	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Grant	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Grant	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Grant	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Grant	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Grant	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Grant	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Grant	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Grant	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Grant	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Grant	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Grant	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Grant	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Grant	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•

South Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Grant	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Grant	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Gregory	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Gregory	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Gregory	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Gregory	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Gregory	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Gregory	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Gregory	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Gregory	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Gregory	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Gregory	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Haakon	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Haakon	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Haakon	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Haakon	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Haakon	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Haakon	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Haakon	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Haakon	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Haakon	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Haakon	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Hamlin	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Hamlin	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Hamlin	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hamlin	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hamlin	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Hamlin	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Hamlin	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Hamlin	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Hamlin	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Hamlin	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hamlin	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Hamlin	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Hamlin	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hamlin	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Hamlin	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Hamlin	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Hamlin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Hamlin	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Hamlin	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hamlin	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Hamlin	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Hamlin	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Hand	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Hand	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Hand	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hand	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hand	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Hand	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Hand	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hand	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Hand	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Hand	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Hand	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Hand	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Hand	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hand	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Hand	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Hand	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Hanson	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Hanson	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hanson	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hanson	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hanson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Hanson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Hanson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hanson	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Hanson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hanson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Hanson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Hanson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Harding	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Harding	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Harding	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Harding	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Harding	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Harding	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Harding	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Harding	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Harding	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Harding	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Harding	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Harding	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Harding	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Harding	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Harding	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Harding	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Hughes	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Hughes	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Hughes	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hughes	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hughes	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hughes	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Hughes	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Hughes	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hughes	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Hughes	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Hughes	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Hughes	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Hughes	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Hughes	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hughes	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Hughes	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Hughes	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Hutchinson	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Hutchinson	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hutchinson	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Hutchinson	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hutchinson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Hutchinson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hutchinson	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Hutchinson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hutchinson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Hutchinson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Hutchinson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Hyde	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Hyde	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hyde	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•

South Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Hyde	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Hyde	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Hyde	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Hyde	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Hyde	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Hyde	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Hyde	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Hyde	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Hyde	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Hyde	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Hyde	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Hyde	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Hyde	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Jackson	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Jackson	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Jackson	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Jackson	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Jackson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Jackson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Jackson	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Jackson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Jackson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Jackson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Jackson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Jerauld	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Jerauld	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Jerauld	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Jerauld	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Jerauld	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Jerauld	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Jerauld	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Jerauld	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Jerauld	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Jerauld	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Jerauld	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Jones	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Jones	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Jones	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Jones	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•

South Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Jones	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Jones	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Jones	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Jones	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Jones	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Jones	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Jones	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Jones	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Jones	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Jones	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Jones	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Jones	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Kingsbury	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Kingsbury	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Kingsbury	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kingsbury	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Kingsbury	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Kingsbury	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Kingsbury	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Kingsbury	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Kingsbury	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Kingsbury	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Kingsbury	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Kingsbury	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Kingsbury	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Kingsbury	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Kingsbury	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Kingsbury	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Kingsbury	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Lake	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Lake	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lake	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Lake	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lake	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Lake	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Lake	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lake	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Lake	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Lake	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Lake	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Lake	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Lake	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Lake	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Lake	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Lake	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Lawrence	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Lawrence	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Lawrence	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lawrence	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Lawrence	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lawrence	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Lawrence	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Lawrence	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lawrence	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Lawrence	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Lawrence	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Lawrence	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Lawrence	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Lawrence	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Lawrence	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Lawrence	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Lawrence	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Lincoln	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lincoln	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Lincoln	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Lincoln	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Lincoln	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Lincoln	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Lincoln	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Lincoln	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Lincoln	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Lincoln	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lincoln	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Lincoln	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Lincoln	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Lincoln	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Lincoln	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Lyman	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Lyman	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					

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* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Lyman	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Lyman	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Lyman	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Lyman	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Lyman	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Lyman	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Lyman	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Lyman	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Lyman	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Lyman	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Marshall	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Marshall	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Marshall	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Marshall	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Marshall	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Marshall	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Marshall	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Marshall	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Marshall	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Marshall	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Marshall	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Marshall	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Marshall	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Marshall	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Marshall	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Marshall	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Marshall	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
McCook	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
McCook	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
McCook	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McCook	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
McCook	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McCook	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
McCook	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
McCook	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
McCook	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
McCook	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
McCook	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
McCook	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•

South Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
McCook	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
McPherson	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
McPherson	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McPherson	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
McPherson	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
McPherson	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
McPherson	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
McPherson	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
McPherson	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
McPherson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
McPherson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
McPherson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
McPherson	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Meade	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Meade	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Meade	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Meade	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Meade	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Meade	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 1 (H5435-001)	PFFS *	\$0.00					
Meade	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Meade	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Meade	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Meade	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Meade	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Meade	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Meade	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Meade	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Meade	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Meade	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Meade	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Mellette	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Mellette	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Mellette	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Mellette	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Mellette	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Mellette	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Mellette	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Mellette	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Mellette	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Mellette	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•

South Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Mellette	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Mellette	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Mellette	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Miner	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Miner	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Miner	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Miner	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Miner	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Miner	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Miner	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Miner	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Miner	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Miner	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Miner	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Miner	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Miner	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Minnehaha	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Minnehaha	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Minnehaha	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Minnehaha	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Minnehaha	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Minnehaha	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Minnehaha	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Minnehaha	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Minnehaha	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Minnehaha	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Minnehaha	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Minnehaha	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Minnehaha	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Minnehaha	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Minnehaha	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Minnehaha	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Minnehaha	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Minnehaha	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Minnehaha	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Minnehaha	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Moody	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Moody	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Moody	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Moody	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•

South Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Moody	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Moody	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Moody	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Moody	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Moody	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Moody	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Moody	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Moody	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Moody	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Moody	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Moody	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Pennington	Avantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Pennington	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Pennington	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Pennington	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Pennington	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Pennington	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Pennington	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Pennington	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Pennington	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Pennington	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Pennington	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Pennington	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Pennington	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Pennington	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Pennington	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Perkins	Avantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Perkins	Avantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Perkins	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Perkins	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Perkins	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Perkins	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Perkins	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Perkins	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Perkins	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Perkins	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Perkins	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Perkins	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Potter	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Potter	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Potter	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Potter	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Potter	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Potter	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Potter	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Potter	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Potter	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Potter	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Potter	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Potter	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Potter	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Potter	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Potter	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Potter	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Roberts	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Roberts	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Roberts	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Roberts	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Roberts	Medica Insurance Company	Medica Prime Solution Value (H2450-007)	Cost	\$70.00	\$20.00	\$0	Basic		•
Roberts	Medica Insurance Company	Medica Prime Solution Basic (H2450-001)	Cost	\$116.00	\$20.00	\$0	Basic		•
Roberts	Medica Insurance Company	Medica Prime Sol. Basic w/ Enhanced Rx (H2450-005)	Cost	\$126.90	\$30.90	\$0	Enhanced	Generics	•
Roberts	Medica Insurance Company	Medica Prime Solution Enhanced (H2450-002)	Cost	\$135.00	\$20.00	\$0	Basic		•
Roberts	Medica Insurance Company	Medica Prime Sol. Enhanced w/Enhanced Rx (H2450-006)	Cost	\$145.90	\$30.90	\$0	Enhanced	Generics	•
Roberts	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Roberts	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Roberts	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Roberts	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Roberts	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Roberts	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Roberts	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Roberts	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Roberts	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Roberts	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Roberts	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Roberts	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Roberts	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sanborn	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Sanborn	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Sanborn	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sanborn	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•

South Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Sanborn	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sanborn	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Sanborn	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Sanborn	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sanborn	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Sanborn	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Sanborn	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Sanborn	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Sanborn	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Sanborn	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sanborn	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sanborn	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sanborn	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Shannon	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Shannon	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Shannon	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Shannon	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Shannon	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Shannon	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Shannon	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Shannon	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Shannon	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Spink	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Spink	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Spink	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Spink	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Spink	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Spink	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Spink	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Spink	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Spink	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Spink	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Stanley	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Stanley	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Stanley	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Stanley	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Stanley	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Stanley	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Stanley	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Stanley	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•

South Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Stanley	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Stanley	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Stanley	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Stanley	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Stanley	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Stanley	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Stanley	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Stanley	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Stanley	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Statewide	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Statewide	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Statewide	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Statewide	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Sully	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Sully	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Sully	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sully	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Sully	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Sully	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Sully	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Sully	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Sully	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Sully	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Sully	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Sully	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Sully	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Sully	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Sully	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Sully	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Sully	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Todd	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Todd	Aetna Medicare	Aetna Medicare Open Plan (H5736-002)	PFFS	\$80.00	\$21.80	\$265	Basic		
Todd	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Todd	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Todd	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Todd	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Todd	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Todd	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Todd	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Todd	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Todd	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					

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Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Todd	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Todd	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Todd	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Todd	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Todd	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Tripp	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Tripp	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Tripp	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Tripp	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Tripp	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Tripp	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Tripp	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Tripp	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Tripp	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Tripp	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Tripp	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Tripp	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Tripp	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Tripp	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Tripp	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Tripp	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Tripp	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Turner	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Turner	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Turner	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Turner	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Turner	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Turner	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Turner	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Turner	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Turner	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Turner	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Turner	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Union	Advantra® Freedom	Freedom 3 (H0846-006)	PFFS *	\$0.00					
Union	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Union	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Union	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Union	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Union	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Union	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					

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County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Union	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Union	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Union	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Union	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Walworth	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Walworth	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Walworth	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Walworth	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Walworth	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Walworth	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 2 (H5435-002)	PFFS *	\$0.00					
Walworth	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Walworth	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Walworth	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					
Walworth	Unicare Life & Health Ins. Company	SecurityChoice Classic (H0540-001)	PFFS *	\$0.00					
Walworth	Unicare Life & Health Ins. Company	SecurityChoice Plus (H0540-020)	PFFS	\$11.00	\$11.00	\$0	Enhanced		•
Walworth	Unicare Life & Health Ins. Company	SecurityChoice Enhanced (H0540-010)	PFFS *	\$25.00					
Walworth	Unicare Life & Health Ins. Company	SecurityChoice Enhanced Plus (H0540-032)	PFFS	\$56.00	\$28.70	\$0	Enhanced	Generics	•
Walworth	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Walworth	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Walworth	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Walworth	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Washabaugh	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Washabaugh	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Washabaugh	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Washabaugh	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Washabaugh	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 10 (H5435-010)	PFFS *	\$0.00					
Washabaugh	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Washabaugh	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Washabaugh	UniCare	Save Well - Plan I (H7289-001)	MSA *	\$0.00					
Washabaugh	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Washabaugh	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Washabaugh	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Washabaugh	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Yankton	Advantra® Freedom	Freedom 2 (H0846-005)	PFFS *	\$0.00					
Yankton	Advantra® Freedom	Freedom 1 (H0846-004)	PFFS *	\$98.00					
Yankton	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Yankton	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Yankton	SecureHorizons MedicareDirect	SecureHorizons MedicareDirect Plan 3 (H5435-003)	PFFS *	\$0.00					
Yankton	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Yankton	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Yankton	UniCare	Save Well - Plan II (H7289-002)	MSA *	\$0.00					

South Dakota 2007 Medicare Advantage, Cost, and Demonstration Plans

Data as of September 29, 2006. Includes all contracts/plans regardless of 2007 approval status. PACE, Special Needs Plans, and Employer sponsored plans (800 series) are excluded.

* Indicates plan does not offer Part D drug coverage.

County	Organization Name	Plan Name	Type of Medicare Health Plan	Monthly Consolidated Premium (Includes Part C + D)	Monthly Drug Premium	Annual Drug Deductible	Drug Benefit Type	Type of Extra Coverage Offered in the Gap	Offers Variable Drug Co-payments
Yankton	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Yankton	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Yankton	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Yankton	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	
Ziebach	Humana Insurance Company	Humana Gold Choice PFFS H1804-175 (H1804-175)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Ziebach	Humana Insurance Company	Humana Gold Choice PFFS H1804-176 (H1804-176)	PFFS	\$20.00	\$20.00	\$0	Enhanced		•
Ziebach	SecureHorizons	SecureHorizons MedicareDirect Rx Plan 50 (H2408-001)	PFFS	\$0.00	\$0.00	\$0	Enhanced		•
Ziebach	Sterling Life Insurance Company	Sterling Option I (H5006-011)	PFFS *	\$9.00					
Ziebach	Sterling Life Insurance Company	Sterling Option II (H5006-010)	PFFS	\$28.70	\$28.70	\$100	Enhanced		•
Ziebach	UniCare	Save Well - Plan III (H7289-003)	MSA *	\$0.00					
Ziebach	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Essential Plus Rx 1 (R5566-003)	Regional PPO	\$33.30	\$16.40	\$265	Basic		•
Ziebach	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 1 (R5566-005)	Regional PPO	\$75.90	\$15.40	\$265	Basic		•
Ziebach	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 2 (R5566-006)	Regional PPO	\$91.70	\$29.80	\$0	Enhanced		•
Ziebach	Wellmark Blue Cross Blue Shield of South Dakota	MedicareBlue PPO Enhanced Plus Rx 3 (R5566-008)	Regional PPO	\$179.70	\$101.20	\$0	Enhanced	All Formulary Drugs	